



Percussion Explosion 2014
July 21 – 25
1 pm – 5 pm
Rising 5th graders – 8th grade

Date_____ Parent's Name_____

Student's Name_____ Age_____ Grade 2014-15_____

Address:_____ City/State_____ Zip:_____

Phone Home _____ Work_____

Parent's cell_____ E-mail_____

Please circle which statements apply

Student has - some percussion experience; no percussion experience; some music experience

How did you hear about this program?_____

COST PER STUDENT: \$110.00 \$_____ Total enclosed

Please make your checks payable to The Music Center

OR

Visa, MasterCard, Discover and American Express are also accepted.

(Please circle the type of card.)

Number_____ exp_____

Signature_____

Publicity Release: I _____ (parent's name), allow my

child _____ (child's name) to be photographed and /or videotaped for use
by The Music Center. I understand that this release will not expire and shall be used for publicity
and public relations.

Parent/Guardian's Signature:_____ Date:_____

Please send form and payment, to reserve your space in our summer program. Mail to:

THE MUSIC CENTER INSTRUCTIONAL PROGRAM,

200 N. Davie St. Box 2, Greensboro, NC 27401

CITY ARTS Greensboro Parks & Recreation

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